

7716

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Carroll	
CITY (If outside corporate limits, write RURAL and give nearest town) 11 Frederick		LENGTH OF STAY (in this place) 4 Days		CITY outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Airy 06X-2			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) Baker Avenue ✓			
3. NAME OF DECEASED: (First) (Middle) (Last) EFFIE LUCINDA AUSHERMAN				4. DATE OF DEATH: (Month) (Day) (Year) August 9, 1955			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow		8. DATE OF BIRTH: June 15, 1879	
9. AGE last birthday: 76 yrs.		IF UNDER 1 YEAR: Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse		11. BIRTHPLACE (State or foreign country): Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME: Issac J. Summers		14. MOTHER'S MAIDEN NAME: Lucinda C. Brandenburg		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Mr. Earl S. Ausherman, Frederick, Md.		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				420.0 IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease			
ANTECEDENT CAUSE (S) (B) Arteriosclerosis				DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (260X) (C) Diabetes Mellitus			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				19A. DATE OF OPERATION: None			
19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Aug. 4, 1955, to Aug. 9, 1955, that I last saw the deceased alive on Aug. 9, 1955, and that death occurred at 5:10 A.M. from the causes and on the date stated above.		SIGNATURE ADDRESS DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Aug. 11, 1955		NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		LOCATION (City, town, or county) (State) Myersville, Maryland	
DATE REC'D BY LOCAL REGISTRAR 10 Aug. 1955		REGISTRAR'S SIGNATURE Elizabeth B. Hack		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 52

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 11 1955

BUREAU V. S.

7743

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Md		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Rural Thurmont		LENGTH OF STAY (in this place) Since 1928		CITY (If outside corporate limits, write RURAL and give nearest town) Rural Thurmont		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10				STREET ADDRESS (If rural give location) /			
3. NAME OF DECEASED: (First) Harlow		(Middle) Stuart		(Last) Bales		4. DATE (Month) (Day) (Year) OF DEATH: Aug. 9, 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Jan. 18, 1874	9. AGE last birthday: 81 yrs.	IF UNDER 1 YEAR: Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer		10B. KIND OF BUSINESS OR INDUSTRY: Own farm		11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William M. Bales				14. MOTHER'S MAIDEN NAME: Sophrone Leeds			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		16. SOCIAL SECURITY NO.: None		17. INFORMANT & ADDRESS: Mabel Bales Washington, D.C.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Cerebral hemorrhage						Sudden	
ANTECEDENT CAUSE (B) Cerebral vascular disease						5 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None							
19A. DATE OF OPERATION: None		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 15, 1955 , to Aug 9, 1955 , that I last saw the deceased alive on June 15, 1955 , and that death occurred at 4:41 P.M. from the causes and on the date stated above.							
SIGNATURE James K. Gray		M. D. Thurmont Md.		DATE SIGNED 8-10-55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Aug. 11, 1955		Blue Ridge Cemetery		Thurmont Md	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
Aug. 10 1955		Blanche S. Eyles		M.L. Creager and Son		Thurmont, Md.	

BUREAU V. 1

AUG 11 1955

RECEIVED

7717

CERTIFICATE OF DEATH

Reg. Dist. No. 07720 131

1. PLACE OF DEATH:

COUNTY

Fredrick

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)

OR *Fredrick*LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS*Fredrick Memorial Hospital*

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Maryland

COUNTY

Carroll

CITY (If outside corporate limits, write RURAL and give nearest town)

OR *Liniwood*

Rural

STREET
ADDRESS*Clear Ridge**06X-2*3. NAME OF
DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

*Wm**H**Barnes*4. DATE
OF
DEATH:

(Month)

(Day)

(Year)

*Aug 2**19 55*

5. SEX:

6. COLOR OR
RACE:7. SINGLE, MARRIED,
WIDOWED, ~~REMOVED~~,
(Specify):

8. DATE OF BIRTH:

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

*M**W**W**June 16 - 1969**86*

yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION. Give kind of
work done during most of working life,
even if retired:10b. KIND OF BUSINESS OR
INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

*no**no**none**Catherine B Fleagle, New Windsor, Md*

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

600.0

Immediate cause

(a)

DUE TO

Antecedent causes(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between
Onset And Death*Two*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☒ No ☐21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
office bldg., etc.)
OF
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF
INJURYINJURY OCCURRED
While at Not While
Work ☐ At Work ☒

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from *July 11, 1955*, to *Aug 2, 1955*, that I last saw the deceasedalive on *Aug 2, 1955*, and that death occurred at *3 P.M.*, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

*Aug 3/55**Elizabeth G. Heck**Dr. Bartley's Sons - New Windsor - Md*

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 8 1955

RECEIVED

7718

CERTIFICATE OF DEATH

Reg. Dist. No. 131

07721

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 TOWN Frederick		LENGTH OF STAY (in this place) 37		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick		11	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 224 East Seventh Street				STREET ADDRESS (If rural give location) 224 East Seventh Street			
3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Jesse Ernest Brightwell				4. DATE OF DEATH: (Month) (Day) (Year) August 3 1955			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		8. DATE OF BIRTH: March 12-1892	
				9. AGE last birthday: 63 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Molder		10b. KIND OF BUSINESS OR INDUSTRY: Iron and Steel Co.		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Brightwell				14. MOTHER'S MAIDEN NAME: Emma Stultz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: 214-10-3401		17. INFORMANT & ADDRESS: 224 E. 7th St. Mrs. Jesse E. Brightwell- Frederick, Md.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
420.2 Immediate cause (a) <i>Angina pectoris</i>						12 hr	
Antecedent cause(s) (b) <i>Arteriosclerosis</i>						27 mo +	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE		OF INJURY					
HOMICIDE							
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 2, 1955, to Aug 3, 1955, that I last saw the deceased alive on Aug 2, 1955, and that death occurred at 3:25 A.M. from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		8-5-55		Mt. Olivet Cemetery		Frederick- Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
5 Aug 1955		Elizabeth G. Heck		C.E.Cline and Son- Frederick, Md.			

BUREAU V. S.

AUG 8 1955

RECEIVED

7719

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 TOWN Frederick		LENGTH OF STAY (in this place) 27 years		CITY (If outside corporate limits, write RURAL and give nearest town) 11 TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 50 Hamilton Avenue				STREET ADDRESS (If rural give location) 50 Hamilton Avenue			
3. NAME OF DECEASED: (First) FRED		(Middle) ALFRED		(Last) BROWNING		4. DATE OF DEATH: August 18 1955	
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed		8. DATE OF BIRTH: November 16, 1883	
9. AGE last birthday: 71 yrs.		IF UNDER 1 YEAR		IF UNDER 24 HRS.		Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Truck Driver				10b. KIND OF BUSINESS OR INDUSTRY: Lime Company		11. BIRTHPLACE (State or foreign country): Maryland	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME: Benjamin Browning			
14. MOTHER'S MAIDEN NAME: Lidia Lydard				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No			
16. SOCIAL SECURITY No.: 217-10-9813				17. INFORMANT & ADDRESS: Mrs. Gladys Roy - Frederick, Maryland			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
199.9 Immediate cause (a) Metastatic carcinoma						Months	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1952 to 8/18, 1953, that I last saw the deceased alive on 8/18, 1953, and that death occurred at 9:55 P.M., from the causes and on the date stated above.							
SIGNATURE (Degree or title) James B. Thomas, M.D.				ADDRESS DATE SIGNED Frederick, Md. 8/20/53			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Aug. 21, 1955		NAME OF CEMETERY OR CREMATORY Frederick Memorial Park		LOCATION (City, town, or county) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 20 Aug. 1953		REGISTRAR'S SIGNATURE Elizabeth G. Herb		24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 23 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7720

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>6 Days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick-Rural-R. F. D. #3, X</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>Indian Springs</u>			
3. NAME OF DECEASED: (First) <u>AGNES</u>		(Middle) <u>BEATRICE</u>		(Last) <u>BUSEY</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>August 5, 1955</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. <u>SINGLE, MARRIED, WIDOWED, DIVORCED.</u> (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>May 17, 1878</u>		9. AGE last birthday <u>76</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME: <u>Thomas McDonald</u>				14. MOTHER'S MAIDEN NAME: <u>Agnes Stapelton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		(If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Kenneth I. Busey, Frederick, R.F.D.#3, Md.</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE <u>280X</u>							
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) <u>Beriberi Heart Disease</u>							
DUE TO (with congestive failure)							
(B)							
DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 30, 1955</u> , to <u>Aug 5, 1955</u> , that I last saw the deceased alive on <u>Aug 5, 1955</u> , and that death occurred at <u>7:25 P.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Bernard L. Hume</u>				ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>8/6/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Aug. 8, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>8 Aug 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>			

RECEIVED

AUG 10 1955

BUREAU V. S.

7744

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Washington	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
X Cullen		114 days		Hagerstown 21.03-2			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital				STREET ADDRESS (If rural give location) E Antietam Street			
3. NAME OF DECEASED: (First) Susan (Middle) (Last) Criley				4. DATE (Month) (Day) (Year) OF DEATH: August 4, 19 55			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow		8. DATE OF BIRTH: Sept. 12, 1873	
9. AGE last birthday 81 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?		11. BIRTHPLACE (State or foreign country): Maryland	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?		10b. KIND OF BUSINESS OR INDUSTRY: ?		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: James McKee				14. MOTHER'S MAIDEN NAME: Rebecca Carty			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Susan Criley, Hagerstown, Maryland,			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) 002X Carcinoma of Colon						Unknown	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST. (C) Pulmonary Tuberculosis						6 months.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 12, 19 55 to Aug. 4, 19 55 that I last saw the deceased alive on Aug. 4, 19 55 , and that death occurred at 6:10 A.M. from the causes and on the date stated above.							
SIGNATURE J. K. Lyon		M. D. Cullen, Maryland		DATE SIGNED August 5, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 8-6-55		NAME OF CEMETERY OR CREMATORY Greenlawn Cem.		LOCATION (City, town, or county) (State) Williamsport, Md.	
DATE REC'D BY LOCAL REGISTRAR 8/4/55		REGISTRAR'S SIGNATURE J. K. Lyon		24. FUNERAL DIRECTOR		ADDRESS	

MARGIN RESERVED FOR BINDING

RECEIVED

AUG 8 1955

BUREAU V. S.

7721

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>224 South Carroll Street</u>				STREET ADDRESS (If rural give location) <u>224 South Carroll Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>HARVEY SYLVESTER CUTSAIL</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>August 31, 1955</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE <u>MARRIED</u> WIDOWED <u>DIVORCED</u> (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>August 9, 1889</u>	9. AGE last birthday: <u>66</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cake Cutter</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Bakery</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Hiram Cutsail</u>				14. MOTHER'S MAIDEN NAME: <u>Ida Main</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>212-24-6239</u>		17. INFORMANT & ADDRESS: <u>224 South Carroll Street</u> <u>Mrs. Emma B. Cutsail, Frederick, Maryland</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Myocardial Infarction</u>						<u>5 weeks</u>	
ANTECEDENT CAUSE (S) (B) <u>Arteriosclerosis</u>						<u>6 yrs</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2:1</u> , 19 <u>55</u> , to <u>8:31</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8/31</u> , 19 <u>55</u> , and that death occurred at <u>3:20A</u> M, from the causes and on the date stated above.							
SIGNATURE <u>U.S. Baume Jr.</u>		ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>9/1/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Sept. 2, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>2 Sept. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>			

BUREAU V. S.

SEP 6 1955

RECEIVED

7745

CERTIFICATE OF DEATH

Item 8, Film G1858-15-55 et

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) New London		CITY (If outside corporate limits, write RURAL and give nearest town) New London, Rt #1 (Rural)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home, New London, Rt #1		STREET ADDRESS (If rural give location) Rt #1, Frederick, County	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) Mollie	(Middle) Surfronia	(Last) Disney	(Month) Aug (Day) 3 (Year) 1955
5. SEX: Female		6. COLOR OR RACE: Negro	
7. SINGLE MARRIED, WIDOWED Married		8. DATE OF BIRTH: Dec. 6, 1883	
9. AGE last birthday: 72 yrs.		10. USUAL OCCUPATION: Give kind of work done during most of working life, even if retired: Midwife	
11. BIRTHPLACE (State or foreign country): Maryland, Frederick County		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME: Frank Thomas		14. MOTHER'S MAIDEN NAME: Jane Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ***		16. SOCIAL SECURITY No.: *****	
17. INFORMANT & ADDRESS: George Thomas, New London, Frederick, County			

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
260X Immediate cause		Sudden
(a) DUE TO Coronary Thrombosis		
(b) DUE TO Arteriosclerotic Heart Disease		
(c) DUE TO Diabetes		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE	INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jun 1, 1955 to Aug 3, 1955 , that I last saw the deceased alive on July 26, 1955 and that death occurred at 7:30 PM , from the causes and on the date stated above.		
SIGNATURE H. H. Steiner		DATE SIGNED 8/4/55
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY
Burial	Aug 6	Dorsey Church Cemetery
LOCATION (City, town, or county) (State)	New London, Frederick, Md	
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR
5 Aug 1955	Elizabeth G. Heck	C.E. Hicks III
		ADDRESS 24 Saints St, Frederick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 8 1955

BUREAU V. S.

7746

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY FREDERICK		MARYLAND		STATE MARYLAND		COUNTY FREDERICK	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		WOODSBORO	
X TOWN WOODSBORO		30 yrs		STREET ADDRESS		(If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) KENLEY		(Middle) WARFIELD		(Last) DORSEY		DATE: AUG 22nd 19 55	
5. SEX: MALE		6. COLOR OR RACE: WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED		8. DATE OF BIRTH: 3/29/1888	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR		10B. KIND OF BUSINESS OR INDUSTRY: STATE ROAD		9. AGE last birthday 67 yrs.		11. BIRTHPLACE (State or foreign country): MARYLAND	
						12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: CLAGGETT W. DORSEY				14. MOTHER'S MAIDEN NAME: LAURA HARNE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY No. 219-05-0529		17. INFORMANT & ADDRESS: Mrs Myra Dorsey Woodsboro Md			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Myocardial failure						48 hrs.	
ANTECEDENT CAUSE (S) DUE TO (B) Chronic myocarditis						4 yrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Chronic bronchitis						?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 2, 1953 to Aug 22, 1955 that I last saw the deceased alive on Aug 21, 1955 , and that death occurred at 11:00 A.M. from the causes and on the date stated above.							
SIGNATURE M. Franklin Birch		M. D. Thurmond Ind.		DATE SIGNED 8/23/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 8/25/1955		NAME OF CEMETERY OR CREMATORY ROCKY HILL		LOCATION (City, town, or county) (State) Woodsboro Frederick CO, Md	
DATE REC'D BY LOCAL REGISTRAR Aug 23, 1955		REGISTRAR'S SIGNATURE L. C. Powell		24. FUNERAL DIRECTOR G.C. Barton		ADDRESS Walkersville Md	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 25 1955

RECEIVED

7777 CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Woodsboro</u>		<u>20 yrs.</u>		TOWN <u>Woodsboro</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00				—			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) (Middle) (Last)				OF DEATH: <u>Aug. 10</u> <u>1955</u>			
5. SEX: <u>M</u>				6. COLOR OR RACE: <u>W</u>			
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>				8. DATE OF BIRTH: <u>May 16, 1907</u>			
9. AGE last birthday <u>48</u> yrs.				IF UNDER 1 YEAR: Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Laborer</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Brush factory</u>			
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME: <u>Charles Eaves</u>				14. MOTHER'S MAIDEN NAME: <u>Emma Eaves</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): <u>no</u>				16. SOCIAL SECURITY No. <u>219-05-0528</u>			
17. INFORMANT & ADDRESS: <u>Mrs. Charles Eaves, Woodsboro, Md.</u>							
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
322.1 IMMEDIATE CAUSE (A) <u>Heart failure</u>							
ANTECEDENT CAUSE (S) DUE TO (B) <u>Excessive Drinking Whiskey</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Chronic Alcoholism</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8/9</u> , 19 <u>54</u> to <u>8/10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8/9</u> , 19 <u>55</u> , and that death occurred at <u>P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Dr. H. Beall M.D.</u>		M.D. <u>Libertytown Md.</u>		DATE SIGNED <u>8/11/55</u>		Md.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Aug. 13, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Chapel cemetery</u>		LOCATION (City, town, or county) (State) <u>Md. Libertytown</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Aug 22, 1955</u>		REGISTRAR'S SIGNATURE <u>L. C. Powell</u>		24. FUNERAL DIRECTOR <u>P.C. Barton, Walkersville, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 1

AUG 16 1901

RECEIVED

7712

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

COUNTY

Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)

35 00 Brunswick

LENGTH OF STAY (in this place)

55 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

504 Brunswick Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Md

COUNTY

Frederick

CITY (If outside corporate limits, write RURAL and give nearest town)

35 00 Brunswick

STREET ADDRESS (If rural, give location)

504 Brunswick Street

3. NAME OF DECEASED:

(First)

Blanche

(Middle)

Viola

(Last)

Erb

4. DATE

(Month)

(Day)

(Year)

OF

DEATH:

8-27

1955

5. SEX:

Female

6. COLOR OR RACE:

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

Married

8. DATE OF BIRTH:

8-9-1879

9. AGE last birthday:

76

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

Home

11. BIRTHPLACE (State or foreign country):

Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME:

Frank W. Swabb

14. MOTHER'S MAIDEN NAME:

Emma Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY No.:

—

17. INFORMANT & ADDRESS:

Esther M. Nasing, Brunswick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause

(a)

DUE TO

Antecedent cause(s)

(b)

DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(c)

Cerebral Hem.

Hypertension

INTERVAL BETWEEN ONSET AND DEATH

16 hrs

?

II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Not while work ☐ at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26/55 to 8/27/55, 1955, that I last saw the deceased

alive on 8/27/55, 1955, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

SIGNATURE

(SIGNED OR TITLE) ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):

Burial

DATE THEREOF

8-30-55

NAME OF CEMETERY OR CREMATORY

East Haverburg Cem. Co.

LOCATION (City, town, or county)

Haverburg

(State)

Pa.

DATE REC'D BY LOCAL REG.

Aug. 29-55

REGISTRAR'S SIGNATURE

Kathryn H. Brom

24. FUNERAL DIRECTOR

C. H. Teitel Bu.

Brunswick Md

MARGIN RESERVED FOR BINDING

BUREAU V. S.

SEP 6 1955

RECEIVED

7732

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u> MARYLAND		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		STATE <u>Md</u> COUNTY <u>CARROLL</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Union Bridge</u> 06X-2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>		LENGTH OF STAY (in this place)		STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) <u>Viola</u> (Middle) <u>S</u> (Last) <u>Eyles</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>Aug</u> <u>1</u> <u>1955</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widow</u>		8. DATE OF BIRTH: <u>Jan. 23-1878</u> 77 yrs.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>House wife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		9. AGE last birthday: <u>77</u> yrs.		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
13. FATHER'S NAME: <u>Jessiah Williams</u>				14. MOTHER'S MAIDEN NAME: <u>Martha Gilbert</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT & ADDRESS: <u>Mrs. Fannie Houck Union Bridge Md.</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE <u>154X</u>							
ANTECEDENT CAUSE (S) <u>Diabetes General</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>Carcinoma of Rectum with Metastasis?</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>None</u>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 30, 1955</u> , to <u>Aug. 1, 1955</u> , that I last saw the deceased alive on <u>Aug. 1, 1955</u> , and that death occurred at <u>7:50 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>E.P. Thomas</u>		M. D. <u>Edmund S. Thomas</u>		DATE SIGNED <u>Aug 1-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Aug 3-1955</u>		NAME OF CEMETERY OR CREMATORY <u>Uniontown Church & Cemetery</u>		LOCATION (City, town, or county) (State) <u>Uniontown Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1 Aug. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Healy</u>		24. FUNERAL DIRECTOR <u>Merwyn C. Fuss</u>		ADDRESS <u>Uniontown, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 4 1955

BUREAU V. 2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07733

7743

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Unionville		CITY (If outside corporate limits, write RURAL and give nearest town) Unionville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS R.D. Mt. Airy	
3. NAME OF DECEASED (First) Benton Jesse (Middle) Forney (Last) Forney		4. DATE OF DEATH (Month) August (Day) 17 (Year) 1955	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH July 15, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer (Fred. Co. road Dept.)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 52 yrs. Under 1 year Months Days Under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Samuel J. Forney		14. MOTHER'S MAIDEN NAME Dennie B. Schellar	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS Merton Forney, Mt. Airy, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

974X
Immediate cause

(a)

Strangulation by hanging

Antecedent cause(s)

(b)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify) **Suicide**PLACE (Home, farm, factory, street, OF office bldg., etc.) **Mid east of Unionville Frederick, Md**

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 1955 when found** that I last saw the deceasedlive on **Aug. 17, 1955**, and that death occurred at **8:30 P** m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Aug. 18, 1955**Blaise A. Runkles****C. M. Waltz, Winfield, Maryland**

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 22 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

07734

2411 N. Charles Street, Baltimore

7749

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH: COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>md.</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Walkersville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Emergency Hospital</u>		STREET ADDRESS <u>-</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>ANNA</u>	(Middle) <u>LEE</u>	(Last) <u>FORREN</u>
4. DATE OF DEATH	(Month) <u>Aug</u>	(Day) <u>27</u>	(Year) <u>1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 1, 1887</u>
9. AGE last birthday <u>67</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Samuel Cook</u>		14. MOTHER'S MAIDEN NAME <u>Harrisonia Smallwood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>-</u>	
17. INFORMANT <u>Mrs. E. L. Gibbs, 5611 Park Rd., Falls Church, Va.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause (a) <u>Arteriosclerotic CVD</u>		<u>5 year</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) _____		
(c) _____		

II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition, severe</u>		<u>2 year</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug., 1955, to 27 Aug., 1955, that I last saw the deceased alive on 26 Aug., 1955, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

SIGNATURE <u>James E. Stuenkel MD</u>	ADDRESS <u>Walkersville, Md</u>	DATE SIGNED <u>8/27/55</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Aug. 29, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Glade Cemetery</u>
LOCATION (City, town, or county) <u>Walkersville</u>	(State) <u>md.</u>	
DATE REC'D BY LOCAL REG. <u>8/29/55</u>	REGISTRAR'S SIGNATURE <u>L. C. Powell</u>	24. FUNERAL DIRECTOR <u>H. C. Barton, Walkersville, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 21 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07735
7723 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) 18 Years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 340 East Church Street				STREET ADDRESS (If rural give location) 340 East Church Street			
3. NAME OF DECEASED:		(First) CORA		(Middle) MAY		(Last) GOODMAN	
4. DATE OF DEATH:		(Month) August		(Day) 30,		(Year) 1955	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Female	White	Married	6 April 1882	73 yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work		10B. KIND OF BUSINESS OR INDUSTRY: Own Home		11. BIRTHPLACE (State or foreign country): West Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: David Smith				14. MOTHER'S MAIEN NAME: Irene Lawrence			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Thomas E. Goodman, 340 E. Church St., Frederick, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Chronic Myocarditis							
ANTECEDENT CAUSE (S) Arterio Sclerosis							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 30 1955 to Aug 30 1955 that I last saw the deceased alive on Aug 29, 1955 , and that death occurred at 3:15 PM , from the causes and on the date stated above.							
SIGNATURE [Signature]		ADDRESS Frederick, Maryland		DATE SIGNED 8/31/1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2 Sept 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 31 Aug. 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heck		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Md.			

BUREAU V. S.

SEP 2 1955

RECEIVED

7759

MARYLAND STATE DEPARTMENT OF HEALTH

07736

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

Item 8, Film G185 8-25-55 et

1. PLACE OF DEATH- COUNTY Frederick STATE MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Rural-Route 2		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Several wks.		STREET ADDRESS (If rural, give location) 16 West College Terrace	
3. NAME OF DECEASED (First) Charles	(Middle) E.	(Last) Hain	4. DATE OF DEATH (Month) (Day) (Year) Aug. 20 19 55
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 11-19-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Fraternal Order	9. AGE last birthday 68 yrs.
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Don't know George Hain		14. MOTHER'S MAIDEN NAME Don't know Cassandra ? Hain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 188-05-7973	
17. INFORMANT AND ADDRESS Frederick-Md.		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause

(a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☐

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)
Removal

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

21 Aug 1955

Eligible to be Hain

C.E.Cline and Son-Frederick-Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 23 1955

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 131

Item 9, Film G185 8-31-55 et

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Frederick</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>	LENGTH OF STAY (in this place) <u>Days</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural give location) <u>119 East Patrick Street</u>	

3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>GEORGE</u>	(Middle) <u>HOLTZ</u>	(Last) <u>HAWKER</u>	(Month) <u>August</u> (Day) <u>21</u> (Year) <u>1955</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>March 17, 1874</u>
9. AGE last birthday <u>81</u> yrs.		IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Kitchen Employee</u>	10B. KIND OF BUSINESS OR INDUSTRY: <u>Hotel</u>	11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	--

13. FATHER'S NAME: <u>George W. Hawker</u>		14. MOTHER'S MAIDEN NAME: <u>Catherine Zimmerman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>213-16-0037</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Roy W. Zimmerman, Frederick, Maryland</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A) <u>Uremia</u>		<u>Weeks</u>
ANTECEDENT CAUSE (S) (B) <u>Chronic pyelonephritis</u>		<u>years</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
--	--

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------	----------------------------------	---

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
--	--	--

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 8/16, 1955, to 8/21, 1955 that I last saw the deceased alive on 8/21, 1955, and that death occurred at 4:00AM, from the causes and on the date stated above.

SIGNATURE <u>James B. Thomas</u>	ADDRESS <u>Frederick, Maryland</u>	DATE SIGNED <u>8/23/1955</u>
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>Aug. 24, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>
		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>

DATE REC'D BY LOCAL REGISTRAR <u>24 Aug 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>
---	---	--

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 26 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07738

7725

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) 11 TOWN Frederick		LENGTH OF STAY (in this place)		OR CITY outside corporate limits, write RURAL and give nearest town) OR TOWN Doubs X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) /			
3. NAME OF DECEASED: (First) (Middle) (Last) EMMETT QUINCY HICKMAN				4. DATE (Month) (Day) (Year) OF DEATH: August 3, 19 55			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single	8. DATE OF BIRTH: October 25, 1887	9. AGE last birthday: 67 yrs.	IF UNDER 1 YEAR: Months Days Hours Min.		IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life.) Retired Rural Carrier		10B. KIND OF BUSINESS OR INDUSTRY: Mail		11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Millard E. Hickman				14. MOTHER'S MAIDEN NAME: Sally B. Springs			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes Before WWI		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS: 326 West Potomac St., M. Dewey Hickman, Brunswick, Maryland			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				420.1			
IMMEDIATE CAUSE (A) DUE TO				Coronary Thrombosis			
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 26, 1955, to Aug 3, 1955, that I last saw the deceased alive on Aug 2, 1955, and that death occurred at 1:10AM, from the causes and on the date stated above. SIGNATURE Bernard O. Thomas Jr. ADDRESS Frederick, Maryland DATE SIGNED 8/3/1955 M. D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF August 5, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 4 Aug 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heck		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 8 1955

BUREAU V. S.

7726

CERTIFICATE OF DEATH

Reg. Dist. No. 131

Item 9, Film GL86 9-20-55 et

1. PLACE OF DEATH:

COUNTY **Frederick**

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) **Frederick**LENGTH OF STAY (in this place) **Life**HOSPITAL OR INSTITUTION OR STREET ADDRESS **II6 West All Saints St.**

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland**COUNTY **Fred.**CITY (If outside corporate limits, write RURAL and give nearest town) **Frederick**

STREET ADDRESS (If rural give location)

II6 West All Saints St.

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

Clifford**Eugene****Holland**

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): **Widowed**

8. DATE OF BIRTH:

4. DATE OF DEATH:

(Month)

(Day)

(Year)

Aug. 23**1955**

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Days Hours Min.

84 8/8 yrs.10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: **Carpenter**10b. KIND OF BUSINESS OR INDUSTRY: **Constrution**11. BIRTHPLACE (State or foreign country): **Frederick**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

Henry Holland

14. MOTHER'S MAIDEN NAME:

Mary Holland Same as Married name15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **No**16. SOCIAL SECURITY No.: **None**

17. INFORMANT & ADDRESS:

Mary Holland II6 w. All Saints St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X
Immediate cause

(a)

DUE TO

Antecedent causes (s)
Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

18 hrs**10 yrs**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from **4-1** 19**55**, to **8-23** 19**55**, that I last saw the deceasedalive on **8-22** 19**55**, and that death occurred at **8:10-A.M.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Burial**Aug. 26, 1955****Fairview****Frederick, Maryland**

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

25 Aug 1955**Elizabeth B. Heik****Charles E. Hicks III Frederick, Maryland**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 26 1955

RECEIVED

7727

07740
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>FREDERICK</u>	MARYLAND	STATE <u>MD.</u>	COUNTY <u>BALTO.</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>FREDERICK</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) TOWN <u>BALTO.</u>	<u>3V01-4</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>DR. FRED'K MEMORIAL HOSP.</u>		STREET ADDRESS (If rural, give location) <u>629 N. AUGUSTA AVE</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First) <u>Charles Paul</u> (Middle) <u>Hughes</u> (Last)		(Month) <u>August</u> (Day) <u>17</u> (Year) <u>1955</u>	
5. SEX: <u>M.</u>	6. COLOR OR RACE: <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>DIVORCED MAR. 2, 1905</u>	8. DATE OF BIRTH: <u>58</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>PENNA. R.R.</u>	11. BIRTHPLACE (State or foreign country): <u>BALTO. MD.</u>
13. FATHER'S NAME: <u>CHARLES C. HUGHES</u>		14. MOTHER'S MAIDEN NAME: <u>JENNIE CARRICK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:	
		17. INFORMANT & ADDRESS: <u>MRS JENNIE HUGHES, 629 N. AUGUSTA AVE</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
Immediate cause (a) <u>Fracture of cervical vertebrae</u>	DUE TO	<u>minutes</u>
Antecedent cause(s) (b) <u>+ Crushed Chest with broken ribs fracture of tibia</u>	DUE TO	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc.) <u>State Highway</u>	21c. (City or town) (County) (State) <u>Highway Route 40 Howard Co. Md</u>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Aug-17-55</u> <u>6 A.</u> M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Driving from automobile into highway</u>
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE <u>B. D. [Signature]</u>		DATE SIGNED <u>Aug. 17-55</u>
23. BURIAL, CREMATION, REMOVAL (Specify): <u>BURIAL</u>		24. FUNERAL DIRECTOR ADDRESS <u>4101 EDMONDSON AVE.</u>
DATE REC'D BY LOCAL REG. <u>19-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03740

03740

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY

W.D. BATES

BATES

123 N. AUGUSTA AVE

M. J. DIVISION OF THE ARMY

ENGINEER PENNA. R.R. CO.

CHARLES J. HUGHES

MR. JAMES HUGHES, 123 N. AUGUSTA AVE

3-1-1904

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY

7733

MARYLAND STATE DEPARTMENT OF HEALTH

07741

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Item 21 Film G186 9-8-55 ams

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Tennessee COUNTY Shelby	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Memphis	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 521 Elm Street		STREET ADDRESS (If rural, give location) 79X-3	
3. NAME OF DECEASED (Type or Print) PATRICIA	(First) LEWIS	(Last) KEHNE	4. DATE OF DEATH August 27 1955
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Sept. 8, 1953
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Dr. John H. Kehne		14. MOTHER'S MAIDEN NAME Mildred Lewis Kehne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS Dr. John H. Kehne - Memphis, Tennessee			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
922.0 Immediate cause (a) Drowning		10 minutes
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) Home	(CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? Fell in fish pond about 20 inches deep - no one in yard with child at the time of accident.

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE B. B. Hammond, M.D., Deputy Medical Examiner	(Degree or title)	ADDRESS Frederick, Md.	DATE SIGNED 8/27/55
---	-------------------	-------------------------------	----------------------------

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF August 29, 1955	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, (State) Maryland
---	-------------------------------------	--	--

DATE REC'D BY LOCAL REG. 29 Aug 1955	REGISTRAR'S SIGNATURE Elizabeth B. Heck	24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland
---	--	---

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 30 1955
BUREAU V. S.

7729

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>40 Years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>45 East Fifth Street</u>				STREET ADDRESS (If rural give location) <u>45 East Fifth Street</u>			
3. NAME OF DECEASED:		(First) <u>JOHN</u>		(Middle) <u>CHARLES</u>		(Last) <u>KOLB JR.</u>	
(Type or Print)						4. DATE (Month) (Day) (Year) OF DEATH: <u>August 29, 1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. <u>SINGLE</u> , MARRIED, <u>WIDOWED</u> , DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>March 20, 1902</u>		9. AGE last birthday <u>53</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Electric Co.</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>John C. Kolb Sr.</u>				14. MOTHER'S MAIDEN NAME: <u>Adora Gilster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		(If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>215-20-8013</u>		17. INFORMANT & ADDRESS: <u>Mrs. Annie Y. Kolb, Frederick, Maryland</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Uremia</u>						<u>3 weeks</u>	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <u>Acute Pyelonephritis</u>						<u>6 weeks</u>	
(C) <u>Gout</u>						<u>22 years</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1, 1956</u> , to <u>29 Aug, 1956</u> , that I last saw the deceased alive on <u>29 Aug, 1956</u> , and that death occurred at <u>9:50 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Thomas E. Stone</u>		ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>8/30/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Sept. 1, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>31 Aug. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth H. Heck</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>			

RECEIVED

SEP 2 1955

BUREAU V. S.

7730

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY <u>Frederick</u> MARYLAND			STATE <u>Maryland</u> COUNTY <u>Frederick</u>		
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			LENGTH OF STAY (in this place) <u>2 Days</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>			STREET ADDRESS (If rural give location) <u>Doubs</u>		
3. NAME OF DECEASED:			4. DATE (Month) (Day) (Year)		
(First) (Middle) (Last) <u>LOUISE</u> <u>MARGARET</u> <u>LOUTHAN</u>			OF DEATH: <u>August 9,</u> <u>19 55</u>		
5. SEX:	6. COLOR OR RACE:	7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR
<u>Female</u>	<u>White</u>	<u>Married</u>	<u>March 19, 1900</u>	<u>55</u> yrs.	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		
11. BIRTHPLACE (State or foreign country): <u>Virginia</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME: <u>Albert W. Walter</u>			14. MOTHER'S MAIDEN NAME: <u>Daisy Crim</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u> <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT & ADDRESS: <u>Mr. William H. Louthan, Doubs, Maryland</u>					

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE <u>420.1</u>		
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(A) <u>Acute Coromary thrombosis</u>		<u>36 hrs.</u>
DUE TO		
(B) <u>Arteriosclerotic Coromary heart disease.</u>		<u>? yrs.</u>
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------	----------------------------------	---

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
--	--	---

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 8/7, 1955, to 8/9, 1955, that I last saw the deceased alive on 8/8, 1955, and that death occurred at 5:45AM, from the causes and on the date stated above.

SIGNATURE Henry V. Chase ADDRESS Frederick, Maryland DATE SIGNED 8/9/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>Aug. 12, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>
---	--------------------------------------	---	--

DATE REC'D BY LOCAL REGISTRAR <u>10 Aug. 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>
--	---	--

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 11 1955

RECEIVED

7731

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (in this place) 50 Years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 321 East Patrick Street				STREET ADDRESS (If rural give location) 321 East Patrick Street			
3. NAME OF DECEASED: (Type or Print)		(First) AMELIA		(Middle) JANE		(Last) MACGILL	
4. DATE OF DEATH:		(Month) August		(Day) 1		(Year) 1955	
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow		8. DATE OF BIRTH: 11 Oct 1870	
9. AGE last birthday: 84 yrs.		IF UNDER 1 YEAR: Months		IF UNDER 24 HRS.: Days		IF UNDER 24 HRS.: Hours	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work		10B. KIND OF BUSINESS OR INDUSTRY: Own Home		11. BIRTHPLACE (State or foreign country): VIRGINIA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Unknown				14. MOTHER'S MAIDEN NAME: Margaret D. Everhart			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: 321 E. Patrick St., Mrs. Earl F. Fleischman, Frederick, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Cerebral Hemorrhage						9 days	
ANTECEDENT CAUSE (S) Hypertensive heart disease						3 yrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 23, 1955, to Aug 1, 1955 that I last saw the deceased alive on Aug 1, 1955, and that death occurred at 9:55 P M, from the causes and on the date stated above.							
SIGNATURE		ADDRESS		DATE SIGNED			
M. D. Frederick, Maryland		2 Aug 1955					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		4 Aug 1955		Mount Olivet Cemetery		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
3 August 1955		Elizabeth B. Hech		M. R. Etchison & Son, Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 4 1955

RECEIVED

7751

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL OR and give nearest town)			
X Rural - Nr. Frederick		6 years		X Rural - Nr. Frederick		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. # 5 - Frederick				STREET ADDRESS (If rural give location) R. F. D. # 5			
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE OF DEATH: (Month) (Day) (Year)					
NETTIE K. V. MANTZ		August 22 1955					
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: (If UNDER 1 YEAR) (If UNDER 24 HRS.)			
Female	White	Widowed	November 26, 1871	83 yrs.	Months	Days	Hours
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired.		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Book binding operator		Printing office		Maryland		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
William E. Main				Elizabeth Colliflower			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
No		None		Mrs. F. Walker Chapman - Rt. 5 - Frederick, Md.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
443X Immediate cause (a) <u>Broncho pneumonia</u>						3 days	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <u>Hypertensive Cardiovascular Disease</u>						2 1/2 yrs plus	
(c)							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic cystitis</u>							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
		INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
		m.					
22. I hereby certify that I attended the deceased from 7/6, 1955, to 8/1, 1955, that I last saw the deceased alive on 8/12, 1955, and that death occurred at 8:00 P.M., from the causes and on the date stated above.							
SIGNATURE <u>J. A. Schuman M.D.</u>				ADDRESS <u>Frederick</u> DATE SIGNED <u>8/12/55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Aug. 25, 1955		Mount Olivet Cemetery		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
23 Aug. 1955		<u>Elizabeth B. Heck</u>		C. E. Cline & Son - 8 East Patrick Street		Frederick, Maryland	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 24 1955

RECEIVED

7732

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) 11 TOWN Frederick		LENGTH OF STAY (in this place) 10 years		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		11	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 113 East Third Street				STREET ADDRESS (If rural give location) 113 East Third Street			
3. NAME OF DECEASED: (First) HARRY		(Middle) EDWARD		(Last) MOHLER		4. DATE OF DEATH: August 30 19 55	
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		8. DATE OF BIRTH: June 27, 1879	
9. AGE last birthday: 76 yrs.		10. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Representative		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Thomas J. Mohler				14. MOTHER'S MAIDEN NAME: Laura V. Tucker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: 216-01-7354		17. INFORMANT & ADDRESS: Mrs. Harry E. Mohler - Frederick, Maryland			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				Interval Between Onset And Death	
294X Immediate cause (a) Polycythemia Vera				Several years	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO					
(c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease				6 mo	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/46, 1946, to Aug 30, 1955, that I last saw the deceased alive on 8/30, 1955, and that death occurred at 2:30 P.M., from the causes and on the date stated above.					
SIGNATURE U. G. Gause M.D.		(Degree or title)		DATE SIGNED 8/31/55	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Sept. 2, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	
DATE REC'D BY LOCAL REGISTRAR 1 Sept. 1955		REGISTRAR'S SIGNATURE Elizabeth B. Hark		LOCATION (City, town, or county) Frederick, Maryland	
24. FUNERAL DIRECTOR		ADDRESS C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

SEP 6 1955

RECEIVED

MARYLAND

7752

07748

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH COUNTY <u>Frederick</u> <u>Thurmont, Md. Rt. #1</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Thurmont, Md. Rural</u> TOWN <u>Life</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Thurmont, Md. Rural</u> TOWN <u>Life</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>LILLIE</u> (First) <u>BELL</u> (Middle) <u>MORNINGSTAR</u> (Last)		4. DATE OF DEATH <u>August 2, 1955</u> (Month) (Day) (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 24, 1897</u> <u>58</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	9. AGE last birthday <u>58</u> yrs. If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>Thurmont, Md. Rural</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>George Kauffman</u>		14. MOTHER'S MAIDEN NAME <u>Susan E. Stiner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Viola S. Click Thurmont, Md. Rural</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

527.1

Immediate cause

(a)

Congestive cardiac failure

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Cor Pulmonale
Pulmonary emphysema

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

4 years8 years12 years

21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1 April, 1947, to 2 Aug., 1955, that I last saw the deceasedalive on 1 August, 1955, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE

Jarvis E. Stoner

(Degree or title)

MD

ADDRESS

Walkersville, Md.

DATE SIGNED

2 August 1955

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>8/4/55</u>	<u>Utica Cemetery</u>	<u>Utica, Md.</u>	<u>Frederick Co.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>Aug. 3/4/55</u>	<u>Blanche S. Eyles</u>	<u>M.L. Creager and Son</u>	<u>Thurmont, Md.</u>	

MARGIN RESERVED FOR BINDING

RECEIVED

AUG 5 1955

BUREAU V. S.

7733

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (in this place) 55 years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 West Third Street				STREET ADDRESS (If rural give location) 115 West Third Street			
3. NAME OF DECEASED: (First) WILLIAM		(Middle) WARNER		(Last) OSBURN		4. DATE OF DEATH: (Month) August (Day) 4 (Year) 1955	
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed		8. DATE OF BIRTH: October 4, 1871	
9. AGE last birthday: 83 yrs.		10. BIRTHPLACE (State or foreign country): Pennsylvania		11. CITIZEN OF WHAT COUNTRY? USA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Franklin Osburn				14. MOTHER'S MAIDEN NAME: Henrietta Warner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.: Miss Laura S. Osburn - Frederick, Maryland		17. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.2 Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (a) Acute Myocardial Infarction (b) Chronic myocarditis. (c)						Interval Between Onset And Death 4 days 4 years	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-1-1955 , to 8-3-1955 , that I last saw the deceased alive on 8-3-1955 , and that death occurred at 2 A.M. , from the causes and on the date stated above. SIGNATURE Wm. M. Smith M.D. (Degree of title) ADDRESS Frederick, Md. DATE SIGNED 8-5-55							
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		August 6, 1955		Mount Olivet Cemetery		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS			
5 Aug. 1955		Elizabeth S. Heck		C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 8 1955

RECEIVED

7753

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town) Rural- Myersville LENGTH OF STAY (in this place) 14 yrs.
 OR TOWN Rural- Myersville
 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick
 CITY (If outside corporate limits, write RURAL and give nearest town) Rural Myersville
 OR TOWN Rural Myersville
 STREET ADDRESS (If rural give location) Route # 1

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

MARY

ELLA

PRYOR

4. DATE

(Month)

(Day)

(Year)

OF

DEATH:

August

29

1955

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH:

9. AGE last birthday:

IF UNDER 1 YEAR IF UNDER 24 HRS.
 Months Days Hours Min.

Female

White

Married Sept. 14, 1873

81

yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

Own Home

11. BIRTHPLACE (State or foreign country):

Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME:

Jacob Lewis

14. MOTHER'S MAIDEN NAME:

Celia Ann Hurley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

no

16. SOCIAL SECURITY No.:

none

17. INFORMANT & ADDRESS:

Rufus C. Pryor, Myersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause

(a)

DUE TO

Carcinoma of lung & gradual asphyxiation

Interval Between Onset And Death

6 yrs.

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

m.

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from 3/28, 1955, to 8/29, 1955, that I last saw the deceased

alive on 8/26, 1955, and that death occurred at 9:30 P.M. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Sept. 1, 1955

Floy M. Bittle

Paul F. Bittle, Myersville, Md.

BUREAU V. S.

SEP 6 1955

RECEIVED

7734

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u> MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL or TOWN and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>215 East 4th Street</u>		STREET ADDRESS (If rural give location) <u>215 East 15th Street</u>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) (Middle) (Last) <u>GILBERT</u> <u>FRANKLIN</u> <u>RAINES</u>		<u>August</u> <u>25</u> , <u>1955</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>April 27, 1898</u>
9. AGE last birthday		IF UNDER 1 YEAR IF UNDER 24 HRS.	
<u>57</u> yrs.		Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY:	
<u>Machinist</u>		<u>Electric Co.</u>	
11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Maryland</u>		<u>USA</u>	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
<u>Edward Raines</u>		<u>Ida May Norwood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
<u>No</u> <u>No</u>		<u>213-16-0755</u>	
17. INFORMANT & ADDRESS:		18. MEDICAL CERTIFICATION	
<u>Mrs. Alta R. Raines, Frederick, Maryland</u>		19. INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		<u>Sudden</u>	
420.0 IMMEDIATE CAUSE (A) DUE TO		<u>Coronary Thrombosis</u>	
ANTECEDENT CAUSE (S) DUE TO		<u>Arteriosclerotic Heart Disease</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 1, 1954</u> to <u>Aug 25 1955</u> that I last saw the deceased alive on <u>Aug 23, 1955</u> , and that death occurred at <u>8:30AM</u> , from the causes and on the date stated above.			
SIGNATURE <u>[Signature]</u>		ADDRESS <u>Frederick, Maryland</u> DATE SIGNED <u>8/26/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
<u>Burial</u>		<u>Aug. 27, 1955</u>	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Pine Grove Cemetery</u>		<u>Mount Airy, Maryland</u>	
24. FUNERAL DIRECTOR		ADDRESS	
<u>M. R. Etchison & Son, Frederick, Maryland</u>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 29 1955

BUREAU V. S.

7751 MARYLAND STATE DEPARTMENT OF HEALTH

07752

2411 N. Charles Street, Baltimore

Item 18 Film G186 9-8-55 ams

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH: COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) <input checked="" type="checkbox"/> TOWN rural--New Windsor LENGTH OF STAY (in this place) 30 yrs		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural--New Windsor	
HOSPITAL OR INSTITUTION OR STREET ADDRESS nr Taylorsville		STREET ADDRESS (If rural, give location) nr Taylorsville	
3. NAME OF DECEASED (Type or Print) Jesse Edward Schellar (First) (Middle) (Last)		4. DATE OF DEATH August 17 (Month) (Day) (Year) 1955	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, OR OTHER (Specify) widowed	8. DATE OF BIRTH 5-25-1875
9. AGE last birthday 80 yrs. If under 1 year Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY owner	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Schellar		14. MOTHER'S MAIDEN NAME Margaret Glass	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	
17. INFORMANT AND ADDRESS Chas. E. Schellar, same			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) **Coronary Occlusion**

Antecedent cause(s) (b) **Arteriosclerosis**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) **Cerebral hemorrhage**

 $\frac{1}{2}$ hr.

5 yrs +

5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2:00**, 19**55**, that I last saw the deceased alive on **1230 P**, 19**55**, and that death occurred at **1230 P**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 8-20-1955	NAME OF CEMETERY OR CREMATORY Taylorsville	LOCATION (City, town, or county) (State) Carroll Co., Maryland
DATE REC'D BY LOCAL REG. Aug. 18, 1955	REGISTRAR'S SIGNATURE Blair A. Rumbles	24. FUNERAL DIRECTOR C. M. Waltz,	ADDRESS Winfield, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 22 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH
7755 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07753

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Adamstown Mills</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Adamstown R. F. D. #1 (Rural)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Sears Road</u>		STREET ADDRESS (If rural, give location) <u>Greenfield</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>CHARLES</u> <u>EDWARD</u> <u>SEARS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August</u> <u>3</u> , <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>August 1, 1884</u>
9. AGE last birthday <u>71</u> yrs.		10. If under 1 year (Months) (Days) (Hours) (Min.) <u>19</u> <u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owner</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Thomas Sears</u>		14. MOTHER'S MAIDEN NAME <u>Sarah J. Nichols</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Fulton D. Sears, Adamstown, Maryland</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>15 hr</u> <u>57 min</u>
(a) <u>420.1</u> <u>Immediate cause</u> <u>Coronary occlusion</u>		
(b) <u>Antecedent cause(s)</u> <u>Disease or conditions, if any, giving rise to the above cause stating the underlying cause last</u> <u>Arteriosclerosis</u>		
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
---	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Aug. 6 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Monocacy Cemetery</u>	LOCATION (City, town, or county) (State) <u>Beallsville, Maryland</u>
DATE REC'D BY LOCAL REG. <u>4 August 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>	24. FUNERAL DIRECTOR <u>M. R. Etchison & Son</u>	ADDRESS <u>Frederick, Maryland</u>

RECEIVED
AUG 8 1955
BUREAU V. S.

7756

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN Rural Myersville LENGTH OF STAY (in this place) 4 years
 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland Frederick COUNTY
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN Rural- Myersville X
 STREET ADDRESS (If rural give location) Route # 1

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

ANNA

SMITH

SETTERS

5. SEX:

Female

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH:

July 4, 1908

9. AGE last birthday:

47 yrs.

4. DATE OF DEATH:

August 6 19 55

IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Days Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

Own Home

11. BIRTHPLACE (State or foreign country):

Lewis County, Kentucky.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME:

David Smith

14. MOTHER'S MAIDEN NAME:

Ella Alafare Broomfield15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.:

none

17. INFORMANT & ADDRESS:

Charles B. Setters, Myersville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause

(a)

DUE TO

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Hemorrhage, cerebralmetastatic carcinoma to the brain 4 mosfrom carcinoma of the breast

Interval Between Onset And Death

1 1/2 days?

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from July 27, 1955, to Aug 5, 1955, that I last saw the deceasedalive on Aug 1, 1955, and that death occurred at 12 N from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATOR

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Aug 9, 1955Floyd M. BittlePaul F. Bittle, Myersville, Md.8/6/55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 10 1955

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7757

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07755

Reg. Dist. No. 134

1. PLACE OF DEATH- COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Carroll			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural Emmitsburg				CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural-Emmitsburg			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00				STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print)		(First) John		(Middle) Winton		(Last) Six	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		4. DATE OF DEATH August 4, 1955	
8. DATE OF BIRTH July 15, 1870		9. AGE last birthday 85 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	
11. BIRTHPLACE (State or foreign country) Maryland				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME William Six				14. MOTHER'S MAIDEN NAME Catherine Stambaugh			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY No. none		17. INFORMANT AND ADDRESS Mr. Norman Six, Route #2, Emmitsburg, Md.	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH 1 hour	
Immediate cause 420.1 coronary occlusion							
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic cardiovascular disease - several years							
(c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Not While Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 52 , 19 52 , to Aug 4 , 19 55 , that I last saw the deceased alive on Aug 1 , 19 55 , and that death occurred at 2 P m., from the causes and on the date stated above.							
SIGNATURE W.R. Cadle		(Degree or title) MD		ADDRESS Emmitsburg Md		DATE SIGNED 8-5-55	
23. BURIAL, CREMATION REMOVAL, (Specify) Burial		DATE THEREOF August 7, 1955		NAME OF CEMETERY OR CREMATORY Keysville Cemetery		LOCATION (City, town, or county) (State) Keysville, Carroll Co., Md.	
DATE REC'D BY LOCAL REG. Aug 5-1955		REGISTRAR'S SIGNATURE M. F. Shuff		24. FUNERAL DIRECTOR ADDRESS C.O. Fuss & Son, Tameytown, Maryland			

BUREAU V. S.

AUG 9 1955

RECEIVED

7735

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Fred.	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (in this place) Life		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 113 Ice Street			
3. NAME OF DECEASED: (First) (Middle) (Last) Helen Vivian Smith—Alias Helen Vivian Watford				4. DATE OF DEATH: (Month) (Day) (Year) August 24 1955			
5. SEX: Female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED. Married	8. DATE OF BIRTH: May 29, 1917	9. AGE last birthday: 38 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic		10b. KIND OF BUSINESS OR INDUSTRY: *****		11. BIRTHPLACE (State or foreign country): Frederick, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Unknown				14. MOTHER'S MAIDEN NAME: Mary Hill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: (If Yes, give war or dates of service)		17. INFORMANT & ADDRESS: Glenard Smith Sr. 158 W. All Saints Street			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a) Coronary Occlusion DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Essential Hypertension DUE TO (c)				Interval Between Onset And Death 1 hr 6 months			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-6 , 19 55 , to 8-15 , 19 55 , that I last saw the deceased alive on 8-15 , 19 55 , and that death occurred at 9:50 P. , from the causes and on the date stated above. SIGNATURE M. G. Bourne Jr. (Degree or title) ADDRESS Frederick Md DATE SIGNED 8-26-55							
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Aug. 27, 1955		NAME OF CEMETERY OR CREMATORY Fairview		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 26 Aug. 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heck		24. FUNERAL DIRECTOR Charles E. Hicks III		ADDRESS Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 29 1955

BUREAU V. S.

7758

07757

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 144

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)		OR	
X TOWN Thurmont		Lifetime		TOWN Thurmont		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH			
(First) Robert (Middle) William (Last) Specht				(Month) Aug (Day) 27 (Year) 1955			
5. SEX: M		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH: 5/28/1932	
9. AGE last birthday: 23 yrs.		IF UNDER 1 YEAR		IF UNDER 24 HRS.		Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Mch. Operator		10b. KIND OF BUSINESS OR INDUSTRY: Ox. Fibre Brush Co.		11. BIRTHPLACE (State or foreign country): Thurmont Fredk. Co. Md		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME: Rayhue C. Specht				14. MOTHER'S MAIDEN NAME: Mazie -- Cline			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes		(If Yes, give war or dates of service) 1953-1954		16. SOCIAL SECURITY No.: 217-28-6374		17. INFORMANT & ADDRESS: Mary Ann Bell-SPECH Thurmont Md	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:				INTERVAL BETWEEN ONSET AND DEATH			
825 X Immediate cause (a) Broken neck				Instantaneous			
Antecedent cause(s) (b) DUE TO							
Diseases or conditions, if any, giving rise to the above cause (c) DUE TO							
stating underlying cause last (c) DUE TO							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. Broken neck				21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Thurmont Md		21c. (City or town) (County) (State) Thurmont Frederick Md	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Aug 27 255 24				21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Accident	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE B. Thomas Md Deputy Med. Examiner				M. D. Aug 17 55			
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 8/30/1955		NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery		LOCATION (City, town, or county) (State) Thurmont Maryland	
DATE REC'D BY LOCAL REG. Aug 31 1955		REGISTRAR'S SIGNATURE Blaughe S. Eyles		24. FUNERAL DIRECTOR ADDRESS M.L. Creager & Son Thurmont Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 30 1955

RECEIVED

7735

CERTIFICATE OF DEATH

Reg. Dist. No. 131

Items 8,9, FilmG185 8-31-55 et

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Fred.	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (in this place) life		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS I26 Ice Street				STREET ADDRESS (If rural give location) I26 Ice Street			
3. NAME OF DECEASED: (Type or Print) George Thomas Spencer				4. DATE OF DEATH: Aug. 15, 1955			
5. SEX: Male		6. COLOR OR RACE: Colored		7. SINGLE MARRIED WIDOWED, DIVORCED , (Specify): Married		8. DATE OF BIRTH: Nov. 21, 1898	
				9. AGE last birthday: 56 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Hotel waiter				10b. KIND OF BUSINESS OR INDUSTRY: *****		11. BIRTHPLACE (State or foreign country): Frederick Co.	
13. FATHER'S NAME: Thomas Spencer				14. MOTHER'S MAIDEN NAME: Emma Washington			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: Unknown		17. INFORMANT & ADDRESS: Mary R. Spencer- I26 Ice Street Fred. Md.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 148X Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the <u>underlying cause last</u> . Carcinoma of Throat DUE TO DUE TO DUE TO						Interval Between Onset And Death 10 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-1 , 19 54 , to 8-15 , 19 55 , that I last saw the deceased alive on 8/15 , 19 55 , and that death occurred at 7 P.M. , from the causes and on the date stated above. SIGNATURE U. G. Baume (Degree or title) ADDRESS Frederick Md DATE SIGNED 8-16-55							
23. BURIAL, CREMATION, INTERMENT (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Aug 18, 1955		St. John's Cem		Frederick Md	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
17 Aug. 1955		Elizabeth S. Hech		Charles E. Hicks III		Frederick, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 18 1955

RECEIVED

7759

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

X TOWN Rural - Bartonsville

LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS R.F.D. # 6 Frederick

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town)
OR

TOWN Rural - Bartonsville X

STREET
ADDRESS R.F.D. # 6 Frederick3. NAME OF
DECEASED:

(First)

Tillie

(Middle)

J.

(Last)

Steel

4. DATE

(Month)

(Day)

(Year)

OF

DEATH:

August 6

19 55

5. SEX:

6. COLOR OR
RACE:7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):

8. DATE OF BIRTH:

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

Female

White

Married

Sept. 8, 1889

65

yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION. Give kind of
work done during most of working life,
even if retired.

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY:

Own Home

11. BIRTHPLACE (State or foreign country):

Howard Co., Md.

12. CITIZEN OF WHAT
COUNTRY?

USA

13. FATHER'S NAME:

John Tucker

14. MOTHER'S MAIDEN NAME:

Ellen Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

No

16. SOCIAL SECURITY No.:

None

17. INFORMANT & ADDRESS:

Samuel W. Steel, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
Immediate cause(a)
DUE TO

Antecedent causes (s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last.(b)
DUE TO

(c)

Congestive Heart Failure
ArteriosclerosisInterval Between
Onset And Death

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURY m.INJURY OCCURRED
While at Not While
Work ☐ At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from 5-1 1955, to 8/6, 1955, that I last saw the deceased
alive on 8/5, 1955, and that death occurred at 3 PM, from the causes and on the date stated above.
SIGNATURE H. Fisher ADDRESS H. L. Molesworth, Damascus, Md. DATE SIGNED23. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

DATE THEREOF

Aug. 9, 1955

NAME OF CEMETERY OR CREMATORY

Pleasant Hill

LOCATION (City, town, or county)

Monrovia, Md.

(State)

DATE REC'D BY LOCAL
REGISTRAR

Aug 8 - 1955

REGISTRAR'S SIGNATURE

Lucian K. Yalovsky

24. FUNERAL DIRECTOR

ADDRESS

Olin L. Molesworth, Damascus, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 19 1955

RECEIVED

7760

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Frederick</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>X</u> TOWN <u>Frederick - Rural</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>90 Emergency Hospital</u>		STREET ADDRESS (If rural give location) <u>331 Jefferson Street</u>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <u>WILLIAM</u>	(Middle) <u>HENRY</u>	(Last) <u>STEINHAUS</u>	OF DEATH: <u>August 11, 1955</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u>	8. DATE OF BIRTH: <u>January 30, 1871</u>
9. AGE last birthday <u>84</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>Nebraska</u>	
11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>William H. Steinhaus</u>		14. MOTHER'S MAIDEN NAME: <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>214-10-5363</u>	
17. INFORMANT & ADDRESS: <u>Mr. Austin N. Steinhaus, Frederick, Md.</u>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>Ch. Cardio Renal Vascular Disease</u>		<u>2 1/2</u>	
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3-1</u> , 19 <u>55</u> , to <u>8-10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-10</u> , 19 <u>55</u> , and that death occurred at <u>12:45</u> M., from the causes and on the date stated above.			
SIGNATURE <u>Y. G. Bourne Jr</u>		DATE SIGNED <u>8/11/1955</u>	
ADDRESS <u>Frederick, Maryland</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Aug. 13, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>			
DATE REC'D BY LOCAL REGISTRAR <u>13 Aug. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Hacks</u>	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 16 1955

RECEIVED

7737
CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>11 TOWN Frederick</u>		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00 1 East Fifteenth Street</u>				STREET ADDRESS (If rural give location) <u>1 East Fifteenth Street</u>			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) <u>AMY</u>		(Middle) <u>CATHERINE</u>		(Last) <u>STEVENS</u>		OF DEATH: <u>August 21, 19 55</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Female</u>	<u>White</u>	<u>Married</u>	<u>August 17, 1894</u>	<u>61</u> yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>George B. Hoke</u>				14. MOTHER'S MAIDEN NAME: <u>Ella Gittings</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>1 East Fifteenth St., Mr. Issac L Stevens, Frederick, Maryland</u>		
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
239X IMMEDIATE CAUSE (A) <u>Cerebral hemorrhage</u>							<u>24 hr.</u>
ANTECEDENT CAUSE (S) (B) <u>Mild tumor of parathyroid gland with generalized metastases</u>							<u>2 yrs</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Aug 16</u> , 19 <u>55</u> , to <u>Aug 21</u> , 19 <u>55</u> that I last saw the deceased alive on <u>Aug 20</u> , 19 <u>55</u> , and that death occurred at <u>2:50 M</u> , from the causes and on the date stated above.							
SIGNATURE <u>Henry V. Chase</u>				ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>8/23/1955</u>	
23. BURIAL, CREMATION, REMOVAL, (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Aug. 23, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Frederick Memorial Park</u>		LOCATION (City, town, or county) <u>Frederick, Maryland</u>		
DATE REC'D BY LOCAL REGISTRAR <u>23 Aug 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Hech</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>			

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 24 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07762

7738
CERTIFICATE OF DEATH

Reg. Dist. No. 131

Item 9, Film G185 8-18-55 et

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Montgomery</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>8 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Dickerson</u> <u>15X-2</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>MILTON URNER STOTELMEYER</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>AUG. 14 1955</u>			
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH: <u>6/15/1879</u>	9. AGE last birthday: <u>74</u> yrs.	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS.: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Superior Self-employed</u>		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME: <u>Hiram Stotelmeyer</u>				14. MOTHER'S MAIDEN NAME: <u>Mahala Schaffer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT & ADDRESS: <u>Mrs. Mildred Hayles, Dickerson, Md.</u>							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.0 IMMEDIATE CAUSE						6 AUG. 1955	
(A) ACUTE MYOCARDIAL INFARCTION DUE TO							
ANTECEDENT CAUSE (S):						(?)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(B) ARTERIO-SCLEROTIC HEART DIS. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>CEREBRAL HEMORRHAGE</u>						48 Hrs.	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6 AUG. 1955</u> , to <u>14 AUG. 1955</u> , that I last saw the deceased alive on <u>14 AUG. 1955</u> , and that death occurred at <u>9:35 P. M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Charles H. Conley, Jr.</u>		ADDRESS <u>M. D. Frederick, Md.</u>		DATE SIGNED <u>8/14/55.</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>8/17/55</u>		NAME OF CEMETERY OR CREMATORY <u>Presbyterian</u>		LOCATION (City, town, or county) (State) <u>Neelsville, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>15 Aug. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>		24. FUNERAL DIRECTOR <u>William B. Wilton</u>		ADDRESS <u>Barnesville, Md.</u>	

BUREAU V. S.

AUG 16 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

7761

07763

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
3. NAME OF DECEASED (Type or Print) <u>Charles Marion Sunday</u>		4. DATE OF DEATH (Month) <u>7</u> (Day) <u>20</u> (Year) <u>1955</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widower</u>		8. DATE OF BIRTH <u>Oct 15, 1887</u>	
9. AGE last birthday <u>67</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Columbus A. Sunday</u>		14. MOTHER'S MAIDEN NAME <u>Eliza Jane Mort</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <u>no</u> unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT <u>Ralph M. Sunday, Annapolis, Maryland</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
156.1 Immediate cause (a) <u>Carcinoma Larynx</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2</u>	
Antecedent cause(s) (b) <u>None</u>		Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>None</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <u>None</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>None</u>	
TIME (Month) (Day) (Year) (Hour) <u>None</u>		INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> At work <input type="checkbox"/>	
HOW DID INJURY OCCUR? <u>None</u>			

22. I hereby certify that I attended the deceased from Aug 18, 1955, to Aug 20, 1955, that I last saw the deceased alive on Aug 19, 1955, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE M. D. Frederick, Maryland ADDRESS 22 Aug 1955

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE <u>22 Aug 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>22 Aug 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Hark</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS <u>Frederick, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 23 1955

RECEIVED

7739

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>11</u> MONTHS		OR TOWN <u>Doubs</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>DOA Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED: (First) <u>CHARLES</u> (Middle) <u>EDGAR</u> (Last) <u>WHIPP</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>August 20, 1955</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE MARRIED, WIDOWED , DIVORCED . (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>December 4, 1887</u>	9. AGE last birthday <u>67</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Ticket Agent</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Railroad</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>John N. Whipp</u>				14. MOTHER'S MAIDEN NAME: <u>Ann Shellman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u> (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>705-07-7966</u>		17. INFORMANT & ADDRESS: <u>Mrs. Edna C. Whipp, Doubs, Maryland</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Coronary artery sclerosis with major cardiac infarction</u>						<u>4 hours</u>	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 14, 1955</u> , to <u>Feb 18, 1955</u> , that I last saw the deceased alive on <u>Feb 18, 1955</u> , and that death occurred at <u>4:40A</u> M, from the causes and on the date stated above.							
SIGNATURE <u>R. B. Martin</u>				ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>8/22/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Aug. 23, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>22 Aug. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 24 1955

BUREAU V. S.

7740

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town) Home
 OR Frederick LENGTH OF STAY (in this place)
 11 Frederick
 HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital
 69 Frederick

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Fred.
 CITY (If outside corporate limits, write RURAL and give nearest town) Rural Myersville
 OR Myersville
 STREET ADDRESS (If rural give location) Halfwayville

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

5. SEX:

6. RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

4. DATE OF DEATH:

(Month)

(Day)

(Year)

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
 Immediate cause

(a)
 DUE TO

Antecedent causes (s)
 Diseases or conditions, if any,
 giving rise to the above cause
 stating the underlying cause last.

(b)
 DUE TO

(c)

Interval Between
 Onset And Death

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
 OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
 OF INJURY m.

INJURY OCCURRED
 While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from 19....., to 19....., that I last saw the deceased

alive on Aug 14 1955, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

RECEIVED

AUG 18 1935

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07766

7741

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) Frederick HOSPITAL OR INSTITUTION OR STREET ADDRESS 230 West Patrick Street		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) Frederick STREET ADDRESS (If rural, give location) 230 West Patrick Street	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
	JOHN	RUSSELL	ZIMMERMAN
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH 6 Nov 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk		10b. KIND OF BUSINESS OR INDUSTRY Wholesale Hardware	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME John F. Zimmerman		14. MOTHER'S MAIDEN NAME Emma Koogle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		17. INFORMANT AND ADDRESS 141 Fairview Ave., James F. Zimmerman, Frederick, Md.	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Coronary Occlusion	2 hr?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arterio Sclerosis	2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
---	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

M. D. Deputy Medical Examiner, Frederick, Maryland 12 Aug 1955

23. BURIAL OR CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12 Aug 1955	NAME OF CEMETERY OR CREMATORY Methodist Cemetery	LOCATION (City, town, or county) (State) New Market, Maryland
---	------------------------------------	--	---

DATE REC'D BY LOCAL REG. 12 Aug 1955	REGISTRAR'S SIGNATURE Elizabeth B. Hark	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS
--	---	--	---------

BUREAU V. 81

JUG 15 1955

RECEIVED